

Medical Records Obtained by Authorization

From Galveston County EMS

PO Box 939

La Marque, TX 77568

Pertaining to Raymond Luther Allen

For Anthony G. Buzbee

Nell McCallum & Associates, Inc.

19368.005

NMA
ORIGINAL

AFFIDAVIT

Records Pertaining To: **Raymond Luther Allen**

Type of Records: Any and all records FOR 2/27/2012 whether medical records generated by your facility or otherwise, including but not limited to, photographs, x-ray reports, pathology reports, correspondence, notes, memoranda, consultation reports, test results, and other written records and information in the possession of or subject to the control of the witness pertaining to Raymond Luther Allen, DOB: 08/30/1977.

Before me, the undersigned authority, personally appeared Mona Sampson,
who, being by me duly sworn, deposed as follows:

(Custodian of Records)

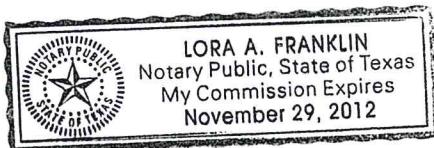
My name is Mona Sampson, I am over eighteen (18) years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Custodian of Records for: **Galveston County EMS**

Attached hereto are 3 pages of records pertaining to **Raymond Luther Allen** from this facility. These said records are kept in the regular course of business, and it was the regular course of business for an employee or representative of this facility, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Mona Sampson
AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 11 day of May, 2012.



JPL
NOTARY PUBLIC

My Commission Expires: 11-29-12

I, Laura Beth Hataway, a Notary Public in and for the State of Texas, do hereby certify that the foregoing Testimony of the Witness, Mona Sampson, after said witness was duly sworn by Lora A. Franklin was delivered to Nell McCallum & Associates, Inc.

I further certify that said Original Answers are being delivered to Anthony G. Buzbee, the requesting attorney, for safekeeping and use at trial.

Given under my hand and seal of office on May 16, 2012.

Laura Beth Hataway
Notary Public



Nell McCallum & Associates, Inc.
Beaumont/Houston, Texas

19368.005

Nell McCallum & Associates, Inc.

has verified that these records are complete

and the best possible quality



Galveston Area Ambulance Authority

Patient Care Record

Name: ALLEN, RAYMOND

Incident #: 201200001562

Date: 02/27/2012

Patient 1 of 1

| Patient Information | | | | Clinical Impression | |
|---------------------|---------------------------|-----------|----|--|----------------------------|
| Last | ALLEN | Address | | Primary Impression | Cardiac Arrest |
| First | RAYMOND | Address 2 | | Secondary Impression | Respiratory Arrest |
| Middle | | City | | Protocol Used | |
| Gender | Male | State | | Anatomic Position | |
| DOB | 08/30/1977 | Zip | | Chief Complaint | |
| Age | 34 Yrs, 5 Months, 28 Days | Country | US | Duration | Units |
| Weight | 220lbs - 100kg | Tel | | Secondary Complaint | |
| SSN | | Physician | | Duration | Units |
| | | | | Cardiac - Cardiac Arrest Respiratory - Arrest | |
| Advanced Directive | | | | Signs & Symptoms | |
| | | | | | |
| Resident Status | | | | Injury | - - - |
| | | | | Medical/Trauma | |
| | | | | Barriers of Care | None |
| | | | | Alcohol/Drugs | Patient Admits to Drug Use |

Medication/Allergies/History

| | |
|-------------|---------|
| Medications | Unknown |
| Allergies | Unknown |
| History | Unknown |

Vital Signs

| Time | AVPU | Side | POS | BP | Pulse | RR | SPO2 | ETCO2 | CO | BG | Temp | Pain | GCS | RTS | PTS |
|-------|------|------|-----|-----|-------|------|------|-------|----|----|------|------|------|-----|-----|
| 11:22 | U | | Lay | / | 0 A | 12 V | | | | | | | 3/NQ | | |
| 11:28 | U | | Lay | / | 0 A | 12 V | | | | | | | 3/I | | |
| 11:29 | U | | Lay | / | 0 A | 12 V | | | | | | | 3/I | | |
| 11:38 | U | | Lay | / | 0 A | 12 V | | | | | | | 3/I | | |
| 11:43 | U | | Lay | / M | 98 I | 12 V | | | | | | | 3/I | | |
| 11:45 | U | | Lay | / | 0 A | 12 V | | | | | | | 3/I | | |

ECG

12-Lead ECG

| Time | 3-Lead ECG | 12-Lead ECG |
|-------|----------------------------|-------------|
| 11:22 | Aystole | |
| 11:28 | PEA | |
| 11:29 | Aystole | |
| 11:38 | Asystole | |
| 11:43 | Atrial Fibrillation w/ PVC | |
| 11:45 | Atrial Fibrillation w/ PVC | |

Flow Chart

| Time | Treatment | Description | Provider |
|-------|------------------------|---|----------------------|
| 11:22 | Oxygen | BVM; Flow Rate 15 lpm; Patient Response: Unchanged | PEREZ, DAMARIS D |
| 11:22 | Intraosseous | Big IO; Tibia - Right; Normal Saline; Total Fluid ; Patient Response: Unchanged; Unsuccessful | RICHARDSON, JOSEPH K |
| 11:23 | Orotracheal Intubation | 7.5; Placed At 23 cm; Placement Verification: Chest Rise, Colorimetric CO2, Lung Sounds, No Epigastric Sounds, Cords Visualized, Patient Response: Improved; Successful | RICHARDSON, JOSEPH K |
| 11:23 | Intraosseous | EZ-IO (Adult); Tibia - Left; Normal Saline; Total Fluid 200; Patient Response: Unchanged; Successful | FREGIA, WILLIAM P |
| 11:25 | IV Therapy | 18 ga; External Jugular-Right; Normal Saline; Patient Response: Unchanged; Unsuccessful | FREGIA, WILLIAM P |
| 11:25 | Epinephrine 1:10 | 1 mg; Intravenous; Patient Response: Improved | RICHARDSON, JOSEPH K |
| 11:27 | IV Therapy | 18 ga; Antecubital-Right; Normal Saline; Total Fluid ; Patient Response: Unchanged; Unsuccessful | WEBER, DANNY L |
| 11:28 | Epinephrine 1:10 | 1 mg; Intravenous; Patient Response: Improved | RICHARDSON, JOSEPH K |
| 11:29 | IV Therapy | 18 ga; External Jugular-Left; Normal Saline; Total Fluid 500; Patient Response: Improved; Successful | WEBER, DANNY L |
| 11:30 | Epinephrine 1:10 | 1 mg; Intravenous; Patient Response: Improved | RICHARDSON, JOSEPH K |
| 11:39 | Epinephrine 1:10 | 1 mg; Intravenous; Patient Response: Improved | RICHARDSON, JOSEPH K |
| 11:45 | Cooling | Patient Response: Improved | RICHARDSON, JOSEPH K |
| 11:48 | Dopamine | 10 mcg/kg/min; Intravenous; Patient Response: Improved | RICHARDSON, JOSEPH K |



Galveston Area Ambulance Authority

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Date: 02/27/2012

Patient 1 of 1

Initial Assessment

| Category | Comments | Abnormalities | |
|---------------|----------|------------------|---|
| Mental Status | | Mental Status | ⊕ Unresponsive |
| Skin | | Skin | No Abnormalities |
| HEENT | | Head/Face | No Abnormalities |
| | | Eyes | ⊕ Left Pupil: 6-mm, Left: Dilated, Left: Non-Reactive, Right Pupil: 6-mm, Right: Dilated, Right: Non-Reactive |
| | | Neck | No Abnormalities |
| Chest | | Chest | No Abnormalities |
| | | Heart Sounds | No Abnormalities |
| | | Lung Sounds | No Abnormalities |
| Abdomen | | General | No Abnormalities |
| | | Left Upper | No Abnormalities |
| | | Right Upper | No Abnormalities |
| | | Left Lower | No Abnormalities |
| | | Right Lower | No Abnormalities |
| Back | | Cervical | No Abnormalities |
| | | Thoracic | No Abnormalities |
| | | Lumbar/Sacral | No Abnormalities |
| Pelvis/GU/GI | | Pelvis/GU/GI | No Abnormalities |
| Extremities | | Left Arm | No Abnormalities |
| | | Right Arm | No Abnormalities |
| | | Left Leg | No Abnormalities |
| | | Right Leg | No Abnormalities |
| | | Pulse | ⊕ Brachial: Absent, Carotid: 1+ Thready, Femoral: 1+ Thready, Radial: Absent |
| | | Capillary Refill | Not Assessed |
| Neurological | | Neurological | Not Assessed |

Assessment Time:

Narrative

Dispatched to assist PD. Dispatched normal traffic. Ordered to emergency traffic as ambulance approached 61st and Broadway by dispatch because PT was now unconscious. Upgraded traffic. Arrived to find PT lying supine with GFD R5 crew preparing to begin CPR. PT is pulseless and apneic. GFD is performing CPR. CPR is continuously given with breaks every 2 minutes for pulse and rhythm checks. Began ventilating PT with BVM. PT on monitor in asystole. Failed IO attempt performed with Bone Injection Gun. Intubation performed and tube secured. IO inserted with EZ-IO. Medications administered per flowchart and rhythm changes per vital signs. Was told by a PD officer on scene that the PT was drive stunned. Was also told by PD officer that PT admitted to cocaine use today. Following third administration of Epi the PT was moved to scoop stretcher and secured. Taken to stretcher and secured. Taken to ambulance and loaded. Diminished breath sounds on the left. Tube has been pushed in to 24 cm. Tube withdrawn to 23 cm and secured. Code 3 to JSER with GFD driver and GFD FF in back. At 11:43 pulse returns. Unable to auscultate BP, carotid and femoral pulse present but no brachial or radial pulse. Initiated Post-resuscitation hypothermia protocol. Cold fluid administered and cold packs are placed in armpits and groin. Administered Dopamine per flow chart. Arrived and unloaded. PT taken to JSER102. Pulse lost during transfer and is quickly regained. Report to RN and PT care turned over to JSER staff.

Specialty Patient - CPR

| | | | | |
|--------------------------|---------------------------|-----------------------------|---|------------------------|
| Cardiac Arrest | Yes, Prior to EMS Arrival | Prearrival CPR Instructions | No | In Field Pronouncement |
| Cardiac Arrest Etiology | | First Defibrillated By | Not Applicable | Expired No |
| Estimated Time of Arrest | 4-6 Minutes | Time of First Defib | | Time |
| Est Time Collapse to 911 | 0 Minutes | Initial ECG Rhythm | Asystole | Date |
| Est Time Collapse to CPR | 4 Minutes | Rhythm at Destination | Atrial Fibrillation/Flutter | Physician |
| Arrest Witnessed By | Bystander | Hypothermia | Yes | |
| CPR Initiated By | First Responder | End of Event | Ongoing Resuscitation in ED | |
| Tme 1st CPR | | ROSC | Yes, Prior to ED Arrival and at the ED | |
| CPR Feedback | | ROSC Time | 11:43 02/27/2012 | |
| ITD Used | | ROSC Occured | After ALS | |
| Applied AED | No | Resuscitation Discontinued | 11:43 02/27/2012 | |
| Applied By | | Discontinued Reason | Return of Spontaneous Circulation (pulse or BP noted) | |
| Defibrillated | No | Resuscitation | Resuscitation Attempted - Yes; Attempted Ventilation,Initiated Chest Compressions | |



Galveston Area Ambulance Authority

Patient Care Record

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Date: 02/27/2012

Patient 1 of 1

| Incident Details | | Destination Details | | Incident Times | |
|------------------|------------------------------|--------------------------|--------------------------|----------------|----------|
| Location | | Disposition | Transported Lights/Siren | Call Received | 11:16:00 |
| Address | 2827 61st | Transport Due To | Distance | Dispatched | 11:16:00 |
| Address 2 | | Transported To | UTMB- ED | En Route | 11:17:00 |
| City | Galveston | Requested By | Law Enforcement | Resp on Scene | |
| State | TX | Destination | Hospital ER | On Scene | 11:21:00 |
| Zip | 77551 | Address | 301 UNIVERSITY BLVD | At Patient | 11:21:00 |
| Medic Unit | Medic 3 | Address 2 | | Depart Scene | 11:41:00 |
| Run Type | 911 Response (Emergency) | City | Galveston | At Destination | 11:49:00 |
| Priority Scene | No Lights/Sirens, Upgraded | State | TX | Pt.Transferred | |
| Shift | "C" Shift | Zip | 77555 | Incident Close | 12:25:00 |
| Zone | 03 - W of 45th to 8 Mile Rd. | Zone | | In District | |
| Level of Service | | Condition at Destination | | | |
| | | Destination Record # | | | |

| Crew Members | | |
|----------------------|--------|-----------------------|
| Personnel | Role | Certification Level |
| RICHARDSON, JOSEPH K | Lead | EMT-Paramedic-135851; |
| PEREZ, DAMARIS D | Driver | EMT-Basic-705187; |
| FREGIA, WILLIAM P | 2nd | EMT-Paramedic-132155; |
| WEBER, DANNY L | Other | EMT-Paramedic-24327; |

| Insurance Details | | | | | |
|-------------------------|--|-------------------|--|--------------------|--|
| Insured's Name | | Primary Payer | | Dispatch Nature | |
| Relationship To Patient | | Medicare | | Response Urgency | |
| Insured SSN | | Medicaid | | Job Related Injury | |
| Insured DOB | | Primary Insurance | | Employer | |
| Address1 | | Policy # | | Contact | |
| Address2 | | Group # | | Phone | |
| Address3 | | Secondary Ins | | | |
| City | | Policy # | | | |
| State | | Group # | | | |
| Zip | | | | | |
| Country | | | | | |

| Mileage | | Delays | Additional Agencies |
|--------------|-----|--------------------|---|
| Scene | 1.0 | Category | Galveston Fire ,Galveston PD, Galveston Sheriff |
| Destination | 7.0 | Delays | Office |
| Loaded Miles | 6.0 | Dispatch Delays | None |
| Start | 0.0 | Response Delays | Other |
| End | 7.0 | Scene Delays | Other |
| Total Miles | 7.0 | Transport Delays | None |
| | | Turn Around Delays | Equipment Replenishment |

| Next of Kin | | | |
|-------------------------|----------|-------|---------|
| Next of Kin Name | Address1 | City | |
| Relationship to Patient | Address2 | State | |
| Phone | Address3 | Zip | Country |

| Transfer Details | | | |
|-------------------|-------------------------|--|--|
| PAN | Sending Physician | | |
| PCS | Sending Record # | | |
| ABN | Receiving Physician | | |
| CMS Service Level | Condition Code | | |
| ICD-9 Code | Condition Code Modifier | | |
| Transfer Reason | | | |
| Other/Services | | | |
| Medical Necessity | | | |

THE BUZBEE LAW FIRM

JPMorgan Chase Tower
600 Travis, Suite 7300
Houston, Texas 77002
713-223-5393
713-223-5909 (Fax)

Authorization For Use or Disclose Protected Health Information

As required by the Health Information Portability and Accountability Act of 2003 (HIPAA) and Texas Law; this practice may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed. You may wish to ask the person or entity you want to receive your information to complete the sections detailing the information to be released the purposes for the disclosure.

I hereby authorize Galveston County EMS to use and disclose health information concerning: (Patient Name) RAYMOND LUTHER ALLEN

Address: _____

Any and all health information, including, but not limited to, itemized billing, mental health records, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below:

Any & all Records for 1/27/2012 whether medical records generated by your facility or otherwise, including but not limited to photographs, X-Ray

All psychotherapy notes may be released except as specifically provided below:

Reports, pathology reports, correspondence, notes, memoranda, consultation reports, test results, and other written records and information.
This health information may be disclosed to: THE BUZBEE LAW FIRM b/f NELL McCULLUM & Assoc.

This information may be used only for the following purposes: **LEGAL LITIGATION**

I understand that I may revoke this authorization at any time notifying this medical practice in writing. My revocation will not affect actions taken by this medical practice prior to its receipt.

I understand that if neither federal nor Texas privacy law apply to the recipient of this information, the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal law.

I understand that my health care treatment or benefits will not be affected whether I sign or do not sign this form and I have the right to receive a copy of this authorization.

This authorization is effective now and will remain effective until END OF LITIGATION
(Expiration Event or Date)

Signed: X Sabrina Allen Dated: 3/23/12

Print Name: Sabrina

DOB: 9-2-78 SSN: 454-777-7786

If not signed by the patient, Relationship: Parent or Guardian Guardian/Conservator of incompetent patient
 Beneficiary or Personal Representative of deceased patient

Name of patient: Raymond Luther Allen DOB 8/30/77 SSN: 467-71-

NOTE: A Photocopy of This HIPAA Shall Have The Same Effect As An Original

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